

WSA 2003 Proposed Project

Project Name:			
Brief Description of Project:			
Type of Deliverable(s):	<input type="checkbox"/> Assay <input type="checkbox"/> Knowledge		
Reason for Doing this Work:	<input type="checkbox"/> Product Development Guidance <input type="checkbox"/> Product Evaluation	<input type="checkbox"/> Short Term <input type="checkbox"/> Long Term	
Program Area: (Check all areas that apply)	<input type="checkbox"/> Cancer <input type="checkbox"/> CVD <input type="checkbox"/> COPD <input type="checkbox"/> Repro <input type="checkbox"/> ETS <input type="checkbox"/> Determinants of Smoke Exposure <input type="checkbox"/> Product Design Guidance <input type="checkbox"/> PI Specific Projects <input type="checkbox"/> CE Specific Projects <input type="checkbox"/> Sensory Specific Projects <input type="checkbox"/> Scientific Affairs & Communication Specific Projects <input type="checkbox"/> WSA PMI Specific Projects (Neuchatel & Asia) <input type="checkbox"/> PMRL Specific Projects (Germany & Belgium)		
Project Leader:			
Prioritization:	<input type="checkbox"/> Critical <input type="checkbox"/> Priority <input type="checkbox"/> Secondary <input type="checkbox"/> Low		
Milestones:		Target Date:	
Internal Resource Allocation (WSA, PMRL, PMI) (Man Hours)		External Resource Allocation (other PMUSA, external vendors) (Man Hours)	

Signature of Coordinator (Date)

External Resource Allocation (other PMUSA, external vendors) (Man Hours)

TO BE FILLED OUT BY WSA MANAGEMENT

Approved as Written
 Approved with Modifications
 Not Approved
Reason: _____

Signature of Project Leader's Functional Director (Date)